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U.S. Patent And Trademark Office	William Allen	CENTRAL FAX CENTER
<b>MAIL STOP Appeal Brief – Patents</b>		<b>JAN 25 2006</b>

<b>COMPANY:</b>	<b>DATE:</b>
	January 25, 2006

<b>FAX NO.:</b>	<b>TOTAL NO. OF PAGES: (including cover sheet)</b>
571-273-8300	46

<b>YOUR REFERENCE NO.:</b>	<b>OUR REFERENCE (C/M) NO.:</b>
	006918.00003

**RE:**      **Filing Of Brief on Appeal For U.S. Serial No. 09/885,130**  
            **Application Of Muller, et al.**  
            **Filed June 21, 2001**  
            **Title: Device Synchronisation Over A Network**

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Kathy Kessling	312-463-5505

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/885,130
	Filing Date	June 21, 2001
	First Named Inventor	Muller, et al.
	Art Unit	2637
	Examiner Name	Jacob M. Meek
Total Number of Pages in This Submission	Attorney Docket Number	006918.00003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
<b>Remarks</b> The Commissioner is authorized to charge any fees in connection with this correspondence to Deposit Account No. 19-0733. A duplicate of this sheet is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature	<i>William J. Allen</i> 51,393		
Printed Name	William Allen		
Date	January 25, 2006	Reg. No.	51,393

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	<i>James Ware</i>		
Typed or printed name	James Ware	Date	1-25-06

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TO/SB/21 (08-04) OMB 0851-0031

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/865,130
	Filing Date	June 21, 2001 <b>RECEIVED</b>
	First Named Inventor	Muller, et al. <b>CENTRAL FAX CENTER</b>
	Art Unit	2637 <b>JAN 25 2006</b>
	Examiner Name	Jacob M. Meek
Total Number of Pages in This Submission	Attorney Docket Number	006918.00003

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<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet /
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Printed Name	William Allen		
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Signature	<i>James Ware</i>		
Typed or printed name	James Ware	Date	1-25-06

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PTOSB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4618).**FEE TRANSMITTAL  
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 620.00**Complete if Known**

Application Number 09/885,130

Filing Date June 21, 2001

First Named Inventor Muller, et al.

Examiner Name Jacob M. Meek

Art Unit 2837

Attorney Docket No. 006918.00003

**RECEIVED****CENTRAL FAX CENTER****JAN 25 2006****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, I TD.

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Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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— - 20 or HP =	x	=	—
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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— - 3 or HP =	x	=	—
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HP = highest number of independent claims paid for, if greater than 3.

**Small Entity Fee (\$)**

Fee (\$)	Fee (\$)
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50	25
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200	100
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360	180
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Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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— - 100 =	/ 50 =	(round up to a whole number) x	=	—
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Filing Fee for Brief on Appeal

Petition for One Month Extension of Time

**Fee Paid (\$)**

500.00

120.00

**SUBMITTED BY**

Signature	<i>William A. Allen</i>	Registration No. (Attorney/Agent)	51,393	Telephone	3-2-463-5000
Name (Print/Type)	William Allen	Date	January 25, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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